

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581512

FILING DATE

10 JAN 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		R		R		
5	B			/		
6	B			D		
7	D			D		
8	/		/			
9		/		/		
10		/		R		
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TOTAL IND.	4		R			
TOTAL DEP.	10	←	12	←		←
TOTAL CLAIMS	14		14			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.						
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